

## PLACE OF BIRTH

1. County of Pima

District of \_\_\_\_\_

Town of Globe

or

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 118

County Registrar No. \_\_\_\_\_

Local Registrar No. 442. Full name of child Donato Rodriguez (If birth occurred in a hospital or institution, give its NAME instead of street and number)3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. no 5. Legitimate? yes 6. Date of birth March 1, 1925 If child is not yet named, make supplemental report, as directed.7. Date of birth March 1, 1925 Month day year

8. FATHER 14. MOTHER

Full name Fred Rodriguez Full maiden name Felis Gutierrez9. Residence (Usual place of abode) Globe, Ariz. 15. Residence (Usual place of abode) Globe, Ariz.

If nonresident, give place and state

10. Color or race mex. 16. Color or race mex.11. Age at last birthday 40 (Years) 17. Age at last birthday 31 (Years)12. Birthplace (city or place) Mexico 18. Birthplace (city or place) Mexico

(State or country)

13. Occupation 19. Occupation

Nature of industry miner Nature of industry Housewife20. Number of children of this mother (a) Born alive and now living 6 21. Were precautions taken against ophthalmia neonatorum? yes(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 3(c) Stillborn 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Born alive or stillborn.)\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Signature T. C. Harper M.D. (Physician or midwife)Address Globe, Ariz.

Given name added from a supplemental report

Month, day, year.

Filed Mar 9 1925 P.E. Lightman

Local Registrar.

Registrar.

Filed \_\_\_\_\_

County Registrar.

499 - 301 - 679